



Notice of Intent (NOI) for Stormwater Discharges from
Large and Small Construction Activities
NPDES General Permit SCR100000

R6 59817

RECEIVED

For official use only

File number: 08-07-07-11

Permit number: SCR106855

Submission package complete: 8-7-07

Public Notice Start Date (OCRM only): _____

For official use only

JUL 23 2007

Office of OCRM
CHARLESTON OFFICE

COPY

Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 4.

Date: 05/11/2007

Project/ Site Name: Black Tom Rd. Subdivision County: Berkeley

Do you want this project to be considered for the Expedited Permitting Program (EPP)? ☐ Yes ☒ No (See instructions.)

I. Project Information

Project Owner/ Operator (Company or person): Bridgeland Development Company
Permit Contact (if owner is company): Greg Kauth Company EIN:
Mailing Address: 1276 New England Dr., S.E. City: North Canton State: OH Zip: 44720
Phone: (Day) 330-575-2188 (Mobile) (Fax) 330-497-3498
Email address (optional): greg@kauth.cc

II. Property Information

A. Site Location (street address, nearest intersection, etc.): Cooper Store Rd. & Black Tom Rd intersection
City/ Town (if in limits): N/A Latitude: 33°10'05" N Longitude: -80°06'33" W
Tax map # (list all): 160-00-03-083
B. Property Owner (if different from section I above): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: (Day) _____

III. Site Information

A. Disturbed area (to the nearest tenth of an acre): 17.4 Total area: 86.8
B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☐ Yes ☒ No
If yes, what is the previous state permit number? _____ Previous NPDES number: SCR10 _____
LCP/ Overall Development Name: _____
C. Start Date (MM/DD/YYYY): 07/09/2007 Completion Date: 07/10/2008
D. Is this site located on Indian Lands? ☐ Yes ☒ No If yes, name of reservation: _____
E. Type of Activity (check all that apply):
☐ Commercial ☒ Residential: Single-family ☐ Linear (Roads, utility lines, etc.) ☐ Other:
☐ Institutional ☐ Residential: Multi-family ☐ Site Preparation (No new impervious)
F. Are there any flooding problems downstream or adjacent to this site? ☐ Yes ☒ No
G. Is this NOI being submitted in response to a Notice to Comply issued by S.C. DHEC? ☐ Yes ☒ No
H. Is any part of the property located inside an MS4 or urbanized area? ☒ Yes ☐ No
If yes, list the MS4 operator or urbanized area name: Berkeley

IV. Waterbody Information

A. Nearest receiving waterbody(s): Mill Branch Distance to this waterbody (feet): 2470
Next/Nearest named receiving waterbody(s): Wassamassaw Swamp / Cypress Swamp
B. Wetlands/ Waters of the State

	On the site?	If yes, delineated/identified?	Impacts?	Amount of impacts
1. Waters of the U.S./ State	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.95</u> Ac <u> </u> Feet
a. Perennial stream(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u> </u> Ac <u> </u> Feet
b. Intermittent stream(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u> </u> Ac <u> </u> Feet
c. Ephemeral stream(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u> </u> Ac <u> </u> Feet
d. Jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u> </u> Ac <u> </u> Feet
e. Non-jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>4.95</u> Ac <u> </u> Feet
f. Other (List):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u> </u> Ac <u> </u> Feet

2. If yes for impacts in item B.1, has a USACOE permit been applied for or obtained for those impacts?
☒ Yes ☐ No ☐ N/A If yes, list the permit/ application number: _____

C. Impaired Waterbodies

Do stormwater (SW) discharges from the site drain to a watershed that drains to a DHEC WQ monitoring site (WQMS). . .

1. Listed on the most current 303(d) List for Impaired Waters? ☒ Yes ☐ No
 - a. If yes for (1), is there an unimpaired WQMS between your site and the impaired WQMS? ☒ Yes ☐ No
 - b. If no for (a), list the waterbody. _____ List the impairment(s). _____
 - c. Will construction SW discharges from your site contain the pollutant(s) of impairment? ☐ Yes ☒ No
 - d. If yes for (c), will use of the selected BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations? ☐ Yes ☐ No
2. For which a TMDL(s) has been developed? ☒ Yes ☐ No
 - a. If yes for (2), list the waterbody. Wassamassaw Swamp List the impairment(s). CU / FC
 - b. Has the standard been attained for the impairment(s)? ☐ Yes ☒ No
 - c. If no for (b), will construction SW discharges from your site contain the pollutant of impairment?
☐ Yes ☒ No
 - d. If yes for (c), are your discharges consistent with the assumptions and requirements of the TMDL(s)?
☐ Yes ☐ No
 - e. If no for (d), will use of the selected BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations? ☐ Yes ☐ No

- D. Are S.C. Navigable Waters (SCNW) on the site?** ☐ Yes ☒ No If yes, list the SCNW: _____
- Will any construction activities cross over or occur in, under, or through the SCNW? ☐ Yes ☒ No
- If yes, then describe activity (e.g., road crossing, sub aqueous utility line). _____
- Has an SCNW permit been issued for this site? ☐ Yes, for all activities ☐ Yes, for some activities ☐ No
- If yes, list permit number and corresponding activities. _____

V. Operator Information

- A. SWPPP Preparer:** Brian F. Murphree, PE. S.C. Registration #: 14915
Company/ Firm: Murphree & Associates, LLC S.C. COA #: 2113-
Mailing Address: P.O. Box 3095 City: Summerville State: SC Zip: 29484
Phone: (Day) 843-873-9882 (Mobile) 843-870-8223 (Fax) 843-873-9668
Email address (optional): brian@murphree-ces.com
- B. Operator of Day-to-Day Site Activities [ODSA] (Company or person):** _____
Site Contact (if ODSA is company): _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: (Day) _____ (Mobile) _____ (Fax) _____

VI. Signatures and Certifications

- A.** One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR100000. (This should be person identified in Section V.A.)

Please check one. ☒ Engineer ☐ Tier B Land Surveyor ☐ Landscape Architect

Brian F. Murphree

Printed name of SWPPP Preparer

Brian F. Murphree

Signature of SWPPP Preparer

14915

S.C. Registration #

- B.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the Department of Health and Environmental Control and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

Greg Kauth

Printed name of Project Owner/Operator

Gregory J. Kauth

Signature of Project Owner/ Operator

President

Title/ Position

NPDES CGP Fee Schedule B**(Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, and Jasper Counties)**

Please print or type. Do not send payment in window envelope. DO NOT MAIL CASH. This schedule should be attached to DHEC Form 2617. The Department will notify the Project Owner/ Operator if the submitted check or credit card payment cannot be processed. The review clock will start when acceptable payment is received.

1. Is this project located within ½ mile of a receiving waterbody? ☒ Yes ☐ No

If yes, proceed to item 2. If no, proceed to item 3.

2. Will this project or LCP ultimately disturb more than 0.5 acre? ☒ Yes ☐ No

\$ 125.00

a. If yes, then enter \$125 in right-hand column and proceed to item b. If no, then submission of an NOI for NPDES coverage under SCR100000 is not required.

- b. Review Fees

\$ 1740.00

If this project is owned by S.C. Department of Transportation, then review fees are not initially required*. Proceed to item 4. If this project is exempt from S.C. Reg. 72-300 et seq., specifically 72-302, then review fees are not initially required**. Proceed to item 4. Otherwise, enter review fees of \$100/ disturbed acre (see item III.A of the application) in right-hand column. The review fees cannot exceed \$2000. Proceed to item 4.

3. Will this project or LCP ultimately disturb 1 or more acres? ☐ Yes ☐ No

\$ _____.00

a. If yes, then enter \$125 in right-hand column and proceed to item b. If no, then coverage under SCR100000 is not required.

- b. Will this project or LCP ultimately disturb more than 2 acres? ☐ Yes ☐ No

\$ _____.00

If no, then review fees are not initially required**. Proceed to item 4.

If this project is owned by S.C. Department of Transportation, then review fees are not initially required*. Proceed to item 4. If this project is exempt from S.C. Reg. 72-300 et seq., specifically 72-302, then review fees are not initially required**. Proceed to item 4. Otherwise, if yes, enter review fees of \$100/ disturbed acre (from item III.A of the application) in right-hand column. The review fees cannot exceed \$2000.

4. Total Required Fees

\$ 1865.00

Add the values in the right-hand column. Maximum required fees are \$2125. The Department will not review this project until all required fees are received.

* If the Department will review the project, then the Department will notify the Project Owner/ Operator in writing within 10 business days of receipt of the complete NOI and request review fees.

** If the Department will review the project, then the Department will notify the Project Owner/ Operator in writing within 20 days of receipt of the complete NOI and request review fees.

Payment by Check:

If paying by check, fill out information and attach check below. Make sure check is signed and is not past its presentment date. Make sure the check is for the entire amount of required fees.

STAPLE CHECK HERE

Make check payable to: S.C. DHEC.

Payment by Credit Card:

If paying by credit card, fill out information. Make sure that the authorized signature is complete.

Name as it appears on Card: _____

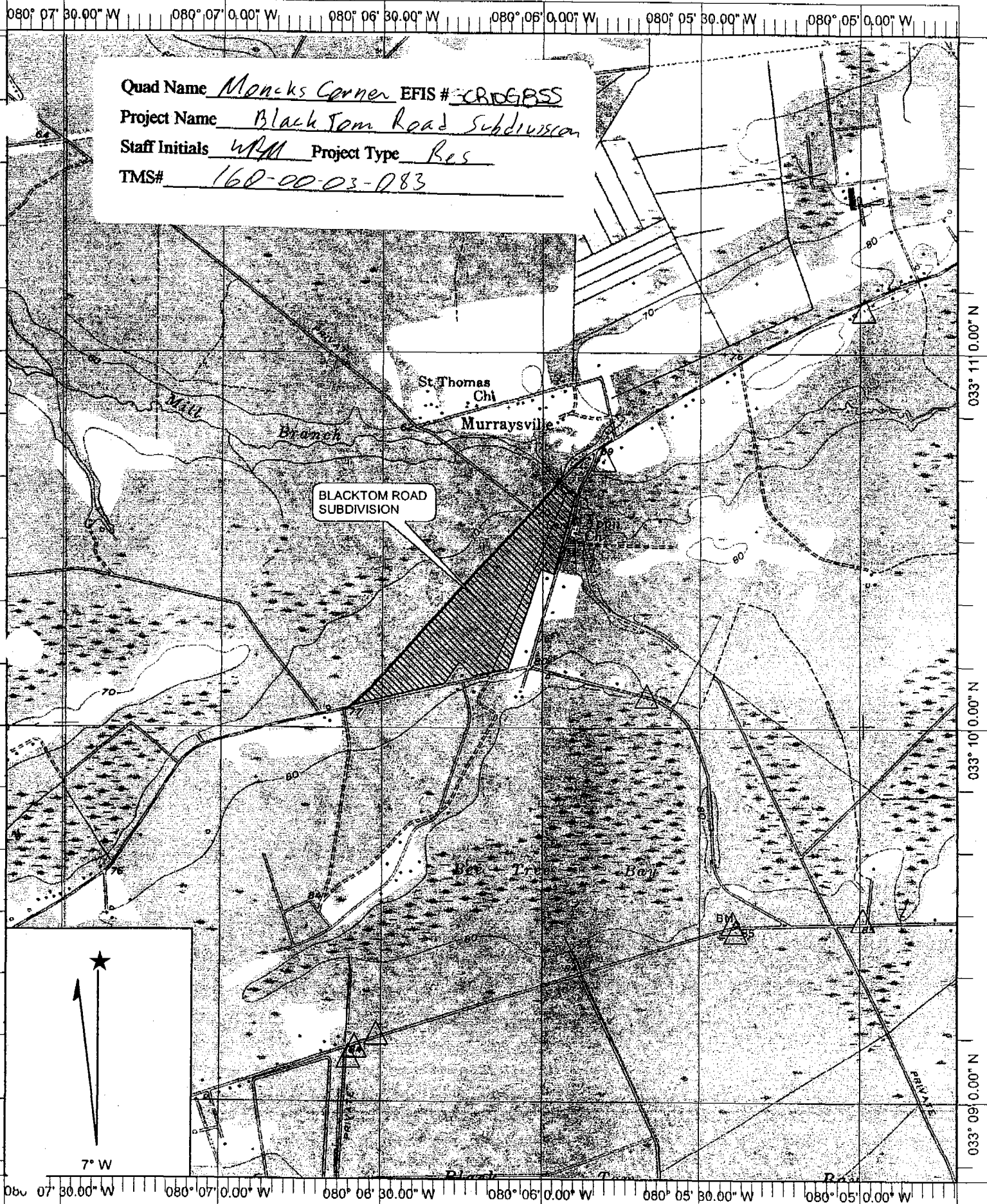
Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Type of Card: ☐ Visa ☐ MasterCard ☐ Discover Credit Card Number: _____

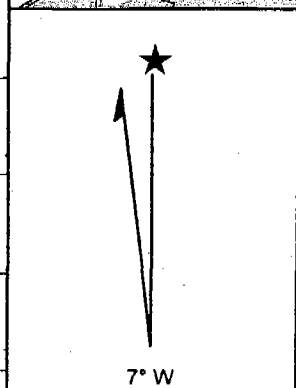
Authorized Signature: _____ Expiration Date: ____ / ____

For official use only: Invoice Numbers YE _____ YA _____ ZV _____ ZT _____



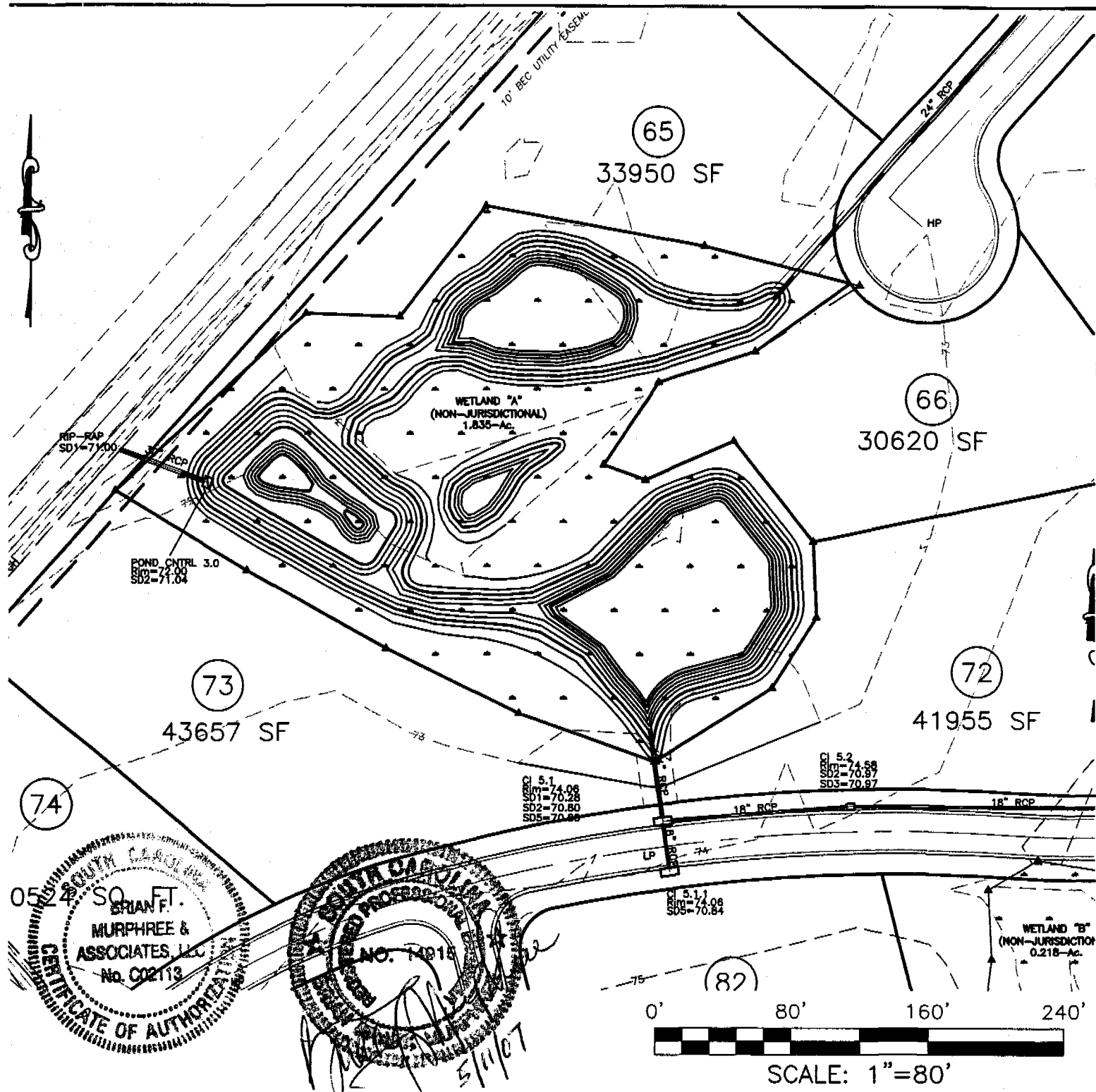
Quad Name Moncks Corner EFIS # CR06B55
Project Name Blacktom Road Subdivision
Staff Initials WPM Project Type Res
TMS# 160-00-03-083

BLACKTOM ROAD
SUBDIVISION



Name: MONCKS CORNER
Date: 7/12/2007
Scale: 1 inch equals 2000 feet

Location: 488255 ft. N 2274409 ft. E
Caption: Blacktom Road Subdivision



PURPOSE: PROPOSED EXCAVATION OF WETLAND "A" FOR STORMWATER DETENTION AND FOR COMMUNITY RECREATION.

TOTAL VOLUME OF FILL:

TOTAL AREA OF FILL:

DATUM: NAVD 88

WETLAND A IMPACT PLAN VIEW

RIDGELAND DEVELOPMENT CO., INC.
1276 NEW ENGLAND DR., SE
NORTH CANTON, OH 44720
APPLICANT

BRIAN F. MURPHREE & ASSOCIATES, LLC
POST OFFICE BOX 3095
SUMMERVILLE, SC 29484-3095
ENGINEER

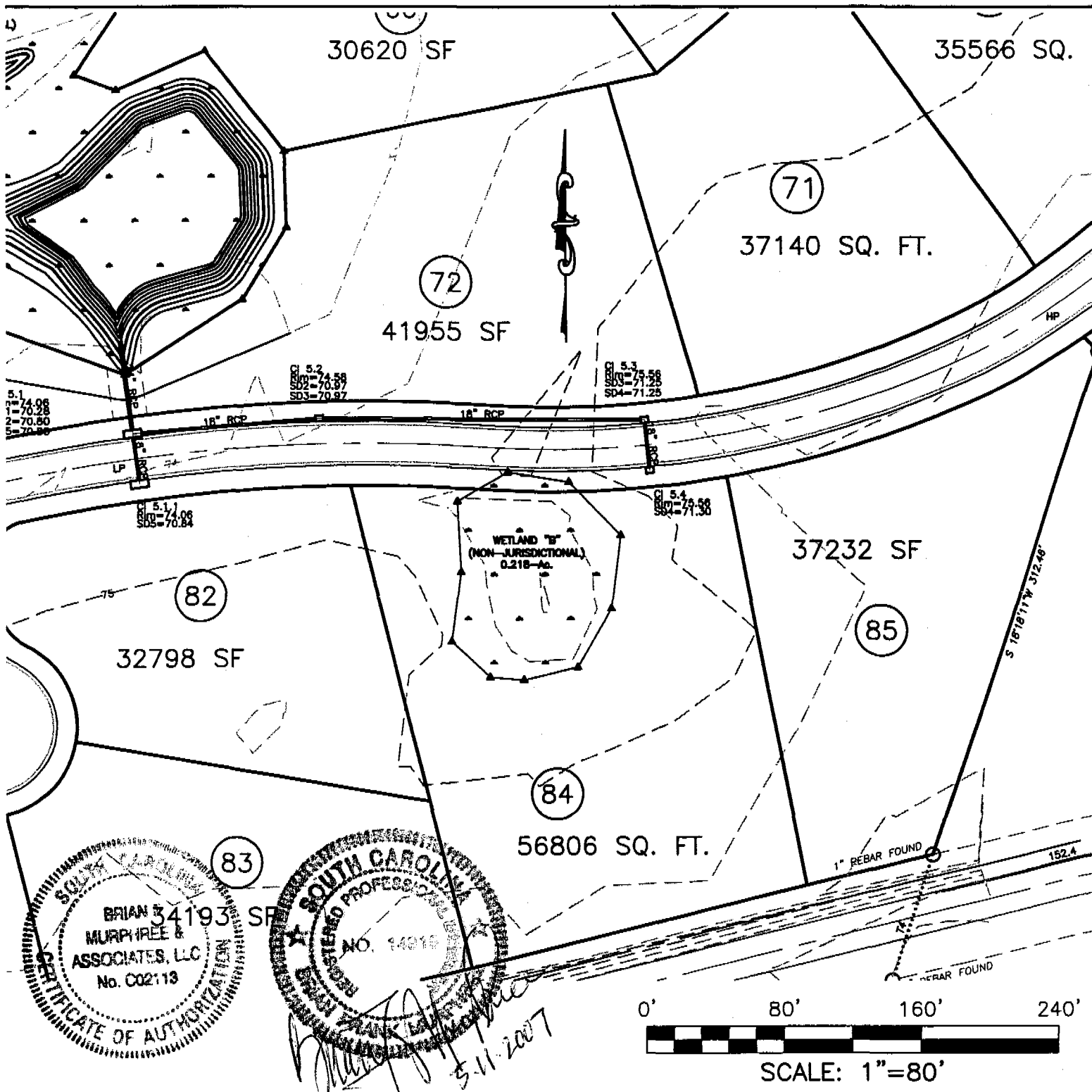
PROJECT DESCRIPTION: BLACK TOM RD. SUBDIVISION

COUNTY OF: BERKELEY

APPLICATION BY: RIDGELAND DEVELOPMENT CO., INC.

SHEET 1 OF 5

DATE: 05.11.2007



PURPOSE: PROPOSED FILL OF
WETLAND "B" FOR ROAD
CONSTRUCTION AND FOR LOT
DEVELOPMENT

TOTAL VOLUME OF FILL: 0.327-Ac.ft.

TOTAL AREA OF FILL: 0.218-Ac.

DATUM: NAVD 88

WETLAND B IMPACT PLAN
VIEW

RIDGELAND DEVELOPMENT CO., INC.
1276 NEW ENGLAND DR., SE
NORTH CANTON, OH 44720
APPLICANT

BRIAN F. MURPHREE & ASSOCIATES,
LLC
POST OFFICE BOX 3095
SUMMERVILLE, SC 29484-3095
ENGINEER

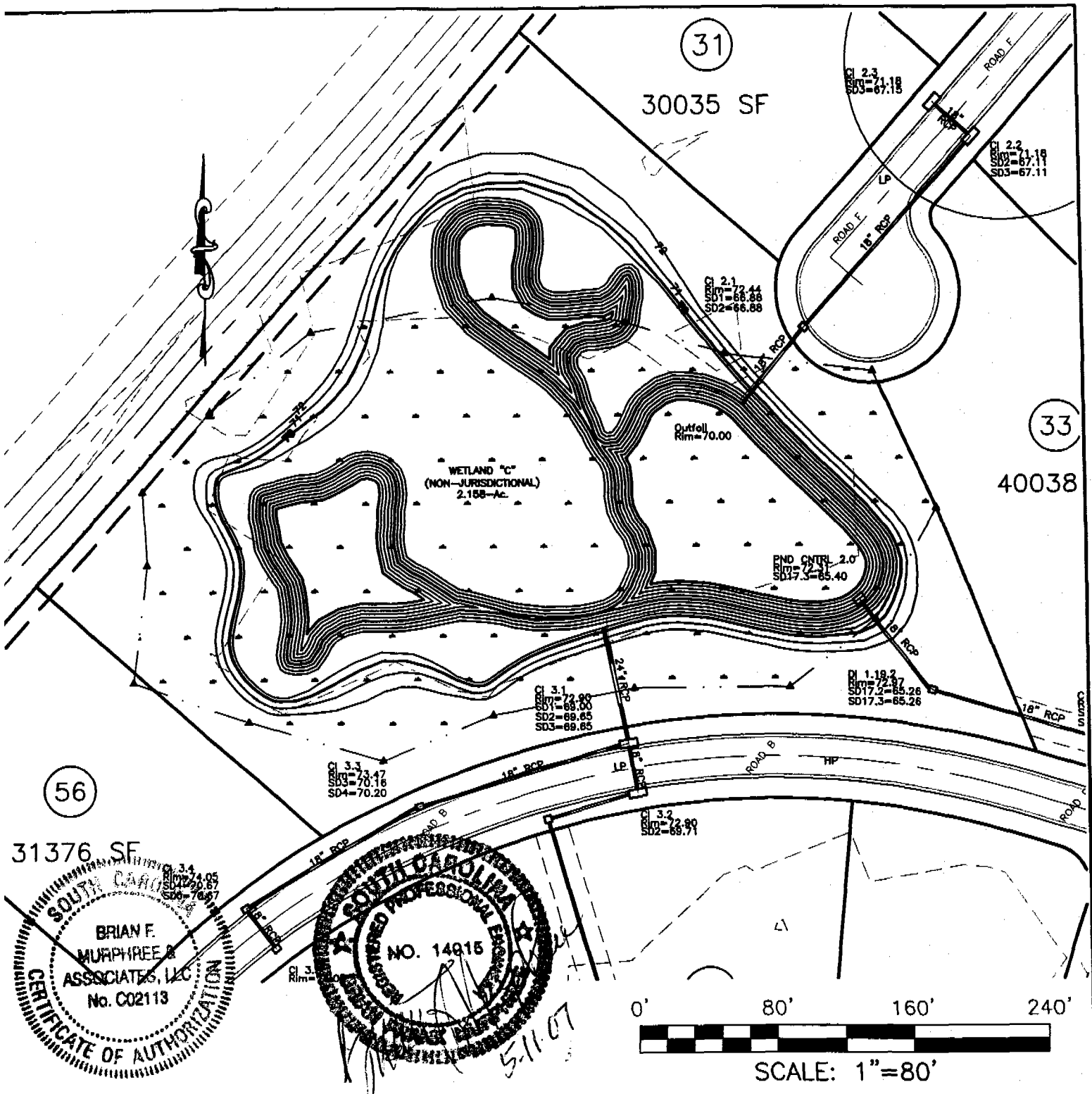
PROJECT DESCRIPTION: BLACK TOM
RD. SUBDIVISION

COUNTY OF: BERKELEY

APPLICATION BY: RIDGELAND
DEVELOPMENT CO., INC.

SHEET 2 OF 5

DATE: 05.11.2007



31376 SF

SOUTH CAROLINA
BRIAN F. MURPHREE & ASSOCIATES, LLC
 No. C02113
CERTIFICATE OF AUTHORIZATION

SOUTH CAROLINA
REGISTERED PROFESSIONAL ENGINEER
 NO. 14015
 5-11-07

0' 80' 160' 240'

SCALE: 1"=80'

PURPOSE: PROPOSED EXCAVATION OF WETLAND "C" FOR STORMWATER DETENTION & FOR COMMUNITY RECREATION

TOTAL VOLUME OF FILL:

TOTAL AREA OF FILL:

DATUM: NAVD 88

WETLAND C IMPACT PLAN VIEW

RIDGELAND DEVELOPMENT CO., INC.
 1276 NEW ENGLAND DR., SE
 NORTH CANTON, OH 44720
APPLICANT

BRIAN F. MURPHREE & ASSOCIATES, LLC
 POST OFFICE BOX 3095
 SUMMERVILLE, SC 29484-3095
ENGINEER

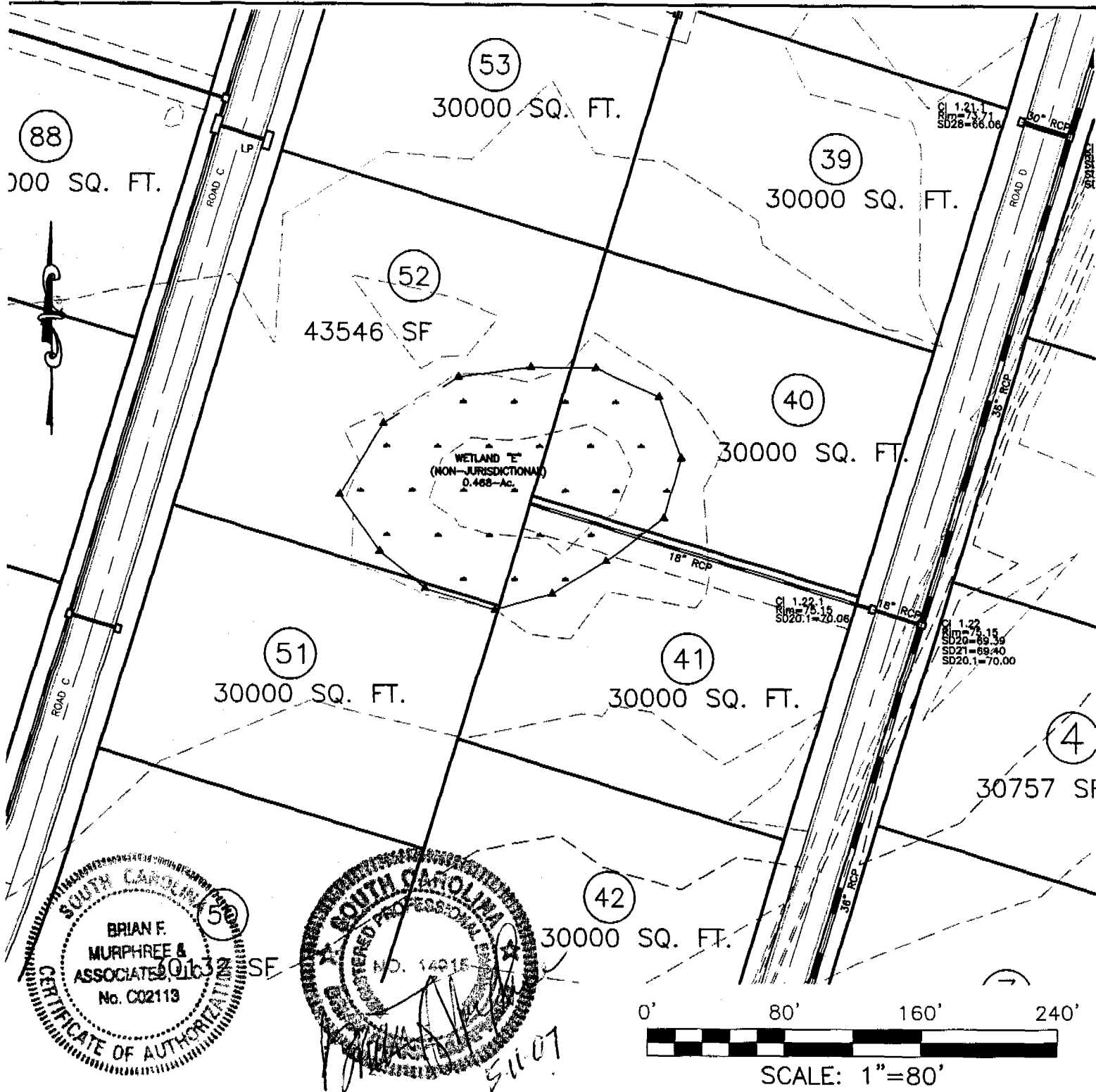
PROJECT DESCRIPTION: BLACK TOM RD. SUBDIVISION

COUNTY OF: BERKELEY

APPLICATION BY: RIDGELAND DEVELOPMENT CO., INC.

SHEET 3 OF 5

DATE: 05.11.2007



PURPOSE: PROPOSED FILL OF
WETLAND "E" FOR LOT DEVELOPMENT

TOTAL VOLUME OF FILL: 0.468-Ac.ft.

TOTAL AREA OF FILL: 0.468-Ac.

DATUM: NAVD 88

WETLAND E IMPACT PLAN VIEW

RIDGELAND DEVELOPMENT CO., INC.
1276 NEW ENGLAND DR., SE
NORTH CANTON, OH 44720
APPLICANT

BRIAN F. MURPHREE & ASSOCIATES,
LLC
POST OFFICE BOX 3095
SUMMERVILLE, SC 29484-3095
ENGINEER

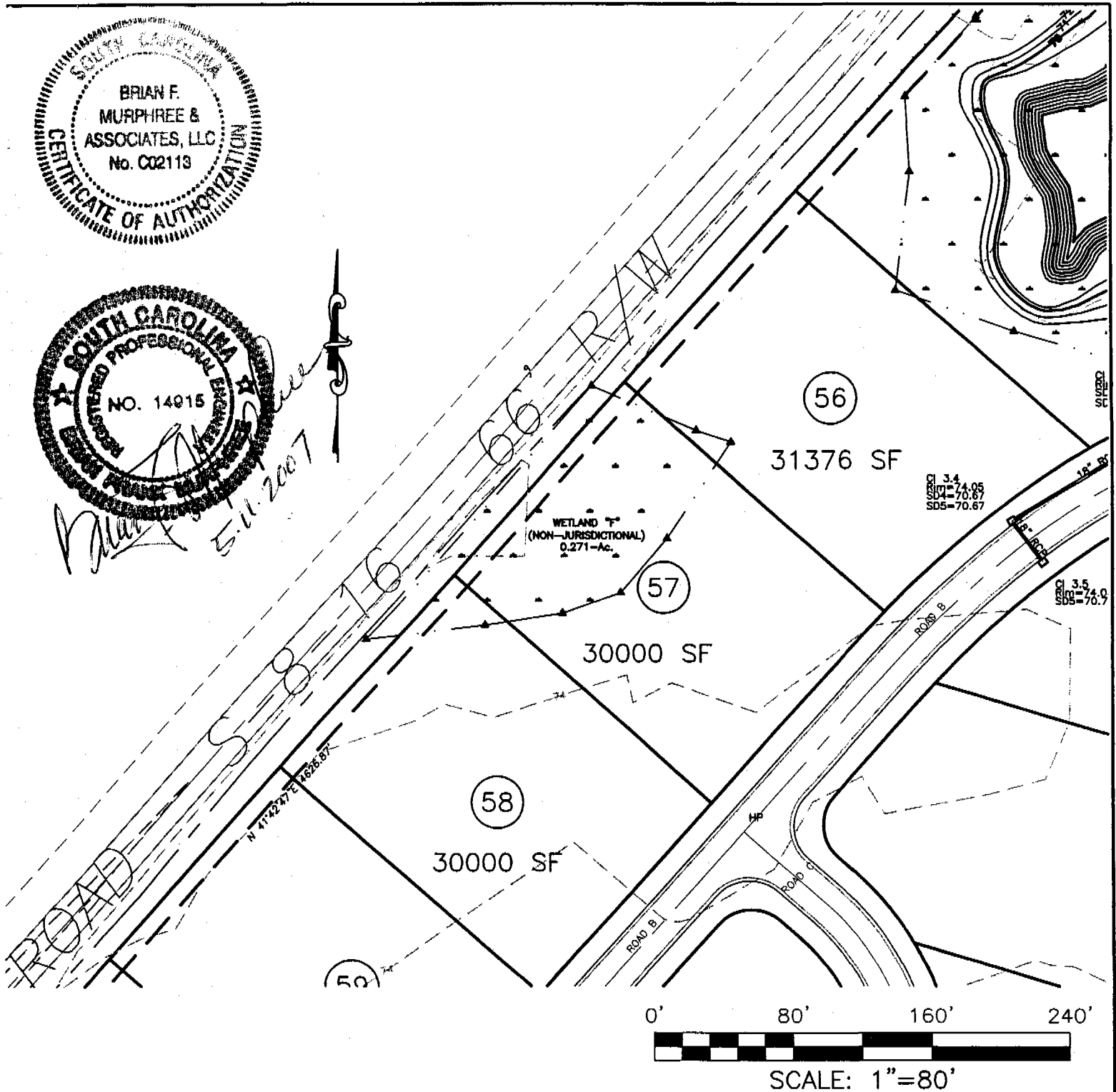
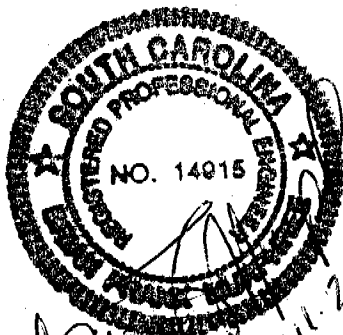
PROJECT DESCRIPTION: BLACK TOM
RD. SUBDIVISION

COUNTY OF: BERKELEY

APPLICATION BY: RIDGELAND
DEVELOPMENT CO., INC.

SHEET 4 OF 5

DATE: 05.11.2007



PURPOSE: PROPOSED FILL OF
WETLAND "F" FOR LOT DEVELOPMENT

TOTAL VOLUME OF FILL: 0.271-Ac.ft.

TOTAL AREA OF FILL: 0.271-Ac.

DATUM: NAVD 88

WETLAND F IMPACT PLAN VIEW

RIDGELAND DEVELOPMENT CO., INC.
1276 NEW ENGLAND DR., SE
NORTH CANTON, OH 44720
APPLICANT

BRIAN F. MURPHREE & ASSOCIATES,
LLC
POST OFFICE BOX 3095
SUMMERVILLE, SC 29484-3095
ENGINEER

PROJECT DESCRIPTION: BLACK TOM
RD. SUBDIVISION

COUNTY OF: BERKELEY

APPLICATION BY: RIDGELAND
DEVELOPMENT CO., INC.

SHEET 5 OF 5

DATE: 05.11.2007